

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006519

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 801

STATE FILE NUMBER

FILED FEB 26 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>22 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Commerce Garage</u>		d. STREET ADDRESS (If outside, give location) <u>3212 E-52nd ST.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Audrey Jean Cochran English</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8-13-1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>J.B.M. Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commerce Bank Kansas City, Mo.</u>	
11. BIRTHPLACE (City, state and country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Cochran</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Manning</u>	
14. NAME OF HUSBAND OR WIFE <u>George Cochran 6505 Laurel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wounds & head</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot in head</u>		20c. TIME OF INJURY Hour <u>2</u> a.m. <u>5</u> p.m. Month <u>2</u> Day <u>5</u> Year <u>63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Marriage</u>	
20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>		COUNTY <u>Jackson</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw him/her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Geo C. Kealhofer</u>		22b. ADDRESS <u>6625 Perfect St. C. 2nd</u>	
22c. DATE SIGNED <u>2-5-63</u>		23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2-7-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Belton Cem.</u>	
23d. LOCATION (City, town, or county) <u>Belton Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Lapetina</u>		ADDRESS <u>538 Campbell ST.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-6-63</u>		26. REGISTRAR'S SIGNATURE <u>Orith Long</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on my _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Trimble, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.